



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH STARKE HOSPITAL

City of Hospital: Knox

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0102

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11448761
Outpatient Patient Service Revenue	\$36137107
Total Gross Patient Service Revenue	\$47585868

#### 2. Deductions From Revenue

Contractual Allowance	\$24038419
Other Deductions	\$6228434
Total Deductions	\$30266853

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$17319016
Other Operating Revenue	\$192675
Total Operating Revenue	\$17511691

#### 4. Operating Expenses

Salaries and Wages	\$7424504	Employee Benefits	\$1270156
Depreciation and Amortization	\$1005569	Interest Expense	\$0
Bad Debt	\$3433053	Other Expenses	\$6938624
Total Operating Expenses	\$20071906		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2560215	Total Assets	\$15673848
Net Non-operating Gains over Loss	\$-7570	Total Liabilities	\$2718147
Total Net Gains	\$-2567785		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$23265668	\$16235864	\$7029804
Medicaid	\$7751391	\$7802555	\$-51164
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$16568809	\$4293888	\$12274921
Total	\$47585868	\$28332307	\$19253561

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

**Statement Four: Research Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

**Statement Six: Charity Statement**

Hospital Charity Charges	\$1041469
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$585306	
HCI Payments	\$0		
Subtotal	\$0	\$585306	\$-585306
Medicaid Shortfalls	\$914900	\$4356282	
Subtotal	\$914900	\$4941588	\$-4026688
DSH Payments	\$2,476,515		
Subtotal	\$3391415	\$4941588	\$-1550173
Medicare Shortfalls	\$3847831	\$13075395	
Other Government Programs	\$0	\$0	
Total	\$7239246	\$18016983	\$-10777737

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0